Becoming a Medicaid Enrolled Provider in New Hampshire

Bureau of Developmental Services, Program Enrollment, and Program
Integrity
2022





Direct Bill is a CMS Requirement

BDS is taking steps to become compliant with CMS regulations

The New Hampshire Bureau of Developmental Services (BDS) is working to become compliant with Center for Medicare and Medicaid (CMS) regulations

Specifically, BDS is working to become compliant with is conflict free case management and direct billing

The current system of providers billing for all services through Area Agencies is out of compliance



Per CMS regulations, providers must have the option to bill for services directly through the State's Medicaid Management Information System (MMIS)

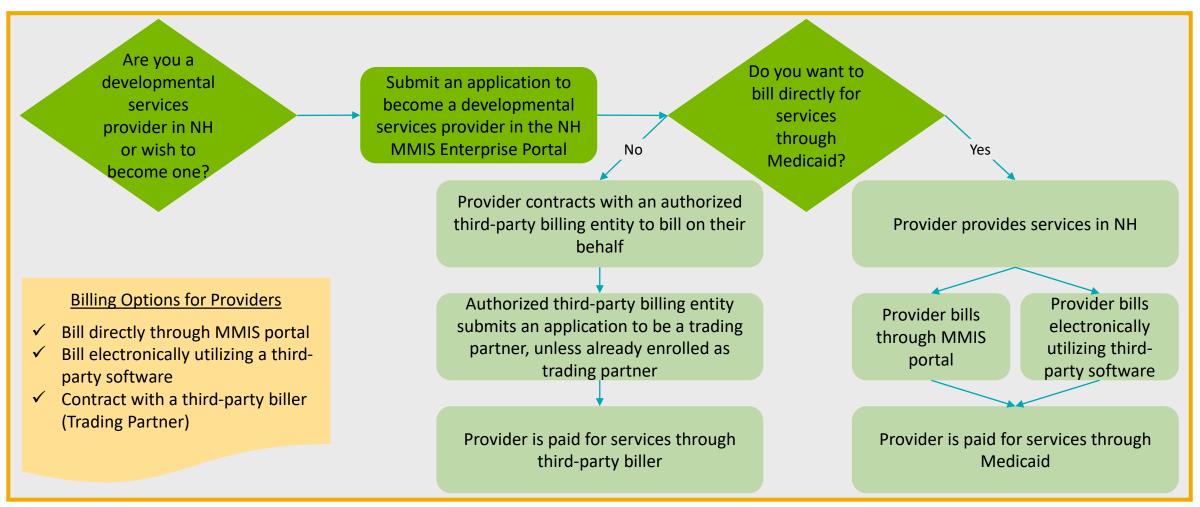
This applies to services provided under the DD, ABD, and IHS Waivers only

Billing for services can be done via a third-party biller

Whether a provider decides to bill directly or contract with another entity is up to the provider entity and cannot be mandated by the State



While all providers must enroll as Medicaid providers, they can still contract through a third-party billing entity





Important Activities & Timeline

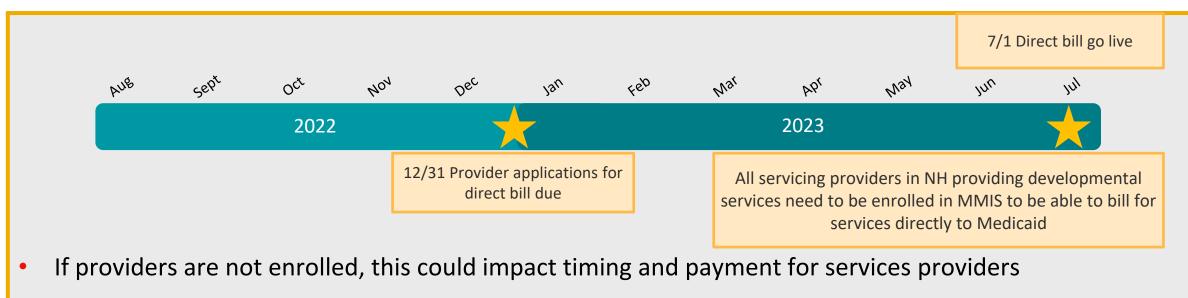
Direct bill will go live July 1, 2023. These are important activities to achieve that goal.





Importance of Adhering to these Timelines

Providers should submit applications for direct bill by December 31, 2022



- Multiple teams across the State of New Hampshire are working in consort to ensure a smooth transition on 7/1/23
- Timely submission and processing of applications helps to ensure continuity of care for those receiving developmental services in New Hampshire

We appreciate your attention to this matter

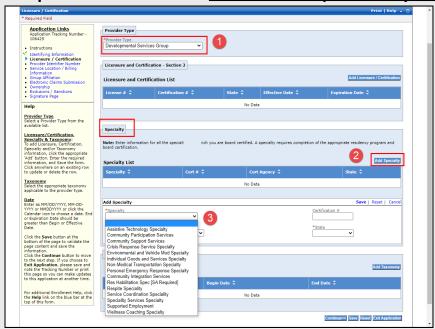


- Access the application on the NH MMIS portal: https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment
- Complete the application. Include the following documentation:
- Signed Provider Participation Agreement (PPA)
- Signed application signature page
- Copy of licensure, if required
- Copy of signed W-9
- FEIN/IRS verification letter or Social Security Number verification
- NPI verification, if required
- Decide how you want to bill for services:
- Through the MMIS portal directly
- Through a third-party software (Provider is responsible for indicating this and completing any necessary requirements with the software company)
- Through a third-party biller (Third-party biller will need to fill out a trading partner application, and both applications will have to indicate trading partner agreement)

*Please include your email address on the application so we can contact you in a timely manner with any questions



• To support and expedite processing of your application, please identify the service(s) you want to provide in the <u>License/Specialty section</u> of the application:



Specialty Code	Specialty	Waiver		
501	Assistive Technology	DD, ABD, IHS		
502	Community Participation Services (CPS)	DD, ABD		
503	Community Support Services (CSS)	DD, ABD		
504	Crisis Response Service	DD, ABD, IHS		
505	Environmental & Vehicle Modifications	DD, ABD, IHS		
506	Individual Goods & Services	DD, ABD, IHS		
507	Non-Medical Transportation	DD, ABD, IHS		
508	Personal Emergency Response Services (PERS)	DD, ABD, IHS		
509	Community Integration Services (CIS)	DD, ABD, IHS		
510	Residential Habilitation	DD, ABD, IHS		
511	Respite	DD, ABD, IHS		
512	Service Coordination	DD, ABD, IHS		
513	Specialty Services	DD, ABD, IHS		
514	Supported Employment	DD, ABD		
515	515 Wellness Coaching Specialty			

 For previously submitted applications, the Provider Enrollment team will reach out to confirm specialty service(s) you provide

(A)

National Provider Identification (NPI)

Some specialties require an NPI to register as a Medicaid Provider

- All individuals and organizations that meet the definition of health care provider as described at 45 CFR 160.103 are eligible to obtain an NPI.
- These include health plans, health plan clearinghouses, health care providers who transmit health information electronically, and health care organizations that transmit protected health information to covered entities who require access to the protected health information.
- To obtain an NPI, an individual or organization must submit an application to the National Plan and Provider Enumeration System (NPPES)
- Obtain an NPI or check if you have an NPI at this website: https://npiregistry.cms.hhs.gov/
- Frequently Asked Questions about NPI can be found here:
 https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html
- Instructions for how to apply for an NPI can be found here: https://nppes.cms.hhs.gov/assets/How_to_apply_for_an_NPI_online.pdf



Next Steps After Application Submission

After submission and approval of your application, you will receive the following:

- Welcome letter from NH DHHS (via US mail)
- Your welcome letter may have an effective date before 7/1/23, however, you cannot bill against these codes until
 7/1/23
- MMIS portal access

If there are issues or questions with your application or billing preferences, a representative from Conduent will contact you.



Important Reminders

- All applications are due 12/31/22 to provide time for processing
- Providers will need to keep all necessary certifications and licenses to present for an audit if needed
- Providers will not be able to bill directly until 7/1/23 dates of service, regardless of date they
 receive welcome letter from Conduent
- Area Agencies applications will be processed last (near 7/1/23), for administrative alignment



Additional Resources

More detailed instructions are included at the end of this presentation and at the locations below

- BDS website: <a href="https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work/deve
- Direct bill & developmental services provider enrollment FAQs
- Prior enrollment webinar recordings: https://www.youtube.com/watch?v=Ei_Ix1kcwPg
- NH MMIS website: https://www.nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment
- NH MMIS page by page instructions for completing Group Enrollment Application:
 https://nhmmis.nh.gov/portals/wps/wcm/connect/f06b39004ccaa133b165fd6e83302a76/NHCSR-OMBP-2-Post+Documents-Attachment7-20180511.pdf?MOD=AJPERES
- Note: For Developmental Services applications, please indicate specialty
- NH MMIS general provider enrollment FAQs: https://nhmmis.nh.gov/portals/wps/wcm/connect/36e16b00476dc1edb274baa2c87726f1/NHCSR-OMBP-4-Provider+Bulletin-Post+Enrollment+FAQ-Att1-20220609.pdf?MOD=AJPERES
- Appendix of this presentation
- For questions about your application, please contact NH Medicaid Provider Relations
- Call center: 1-866-291-1674 available Mon-Fri 8AM-5PM
- Email: <u>NHProviderRelations@conduent.com</u>

Reminder: All provider applications for enrollment are due 12/31/22



Thank you!



Appendix

Detailed MMIS Enrollment instructions



Steps to Enroll as a Provider on MMIS Portal (1/3)

Visit: https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome



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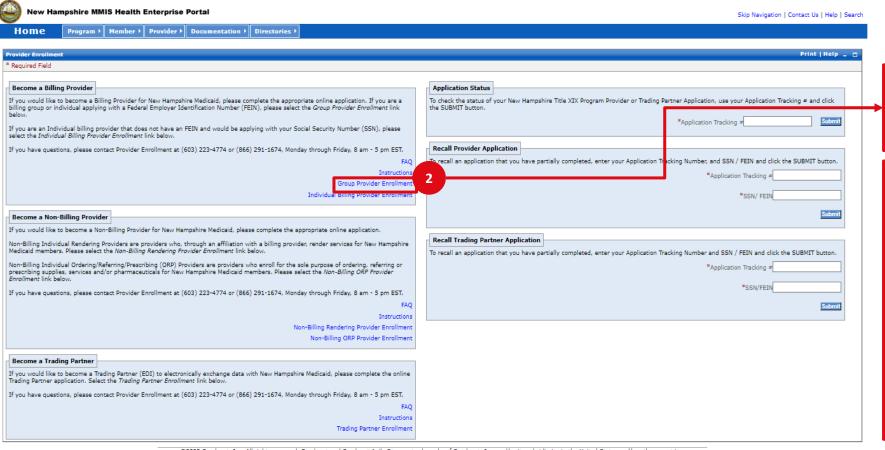
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system may not be accessible.



Steps to Enroll as a Provider on MMIS Portal (2/3)

If you selected *Enrollment* from the main page, you will be directed here. You can also access this page directly at https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment



Select *Group Provider Enrollment* under *Become a Billing Provider*

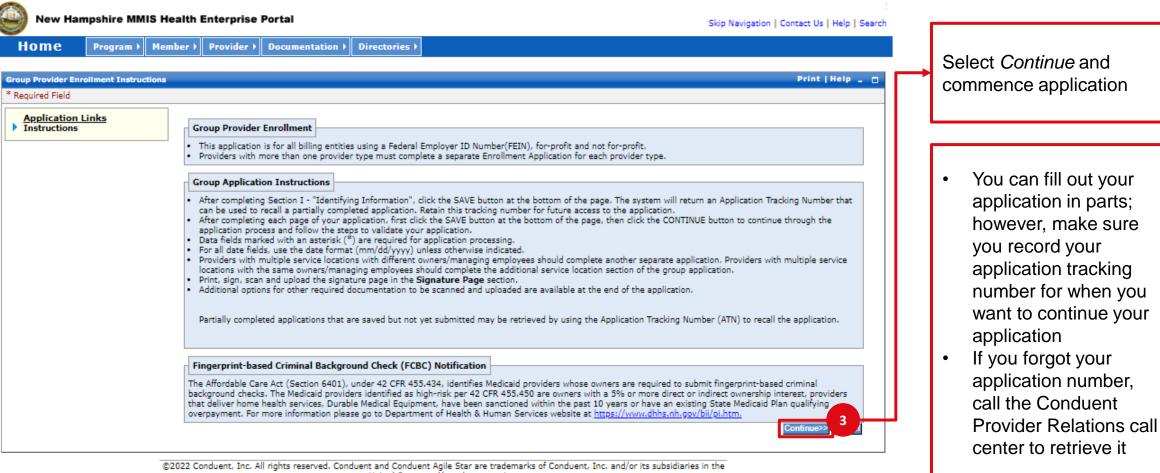
- All Developmental Services
 Providers in New Hampshire
 need to enroll as group billing
 providers, regardless of the
 method they end up choosing
 to bill.
- If you submitted a non-billing provider application by mistake, cancel that application and submit an application to become a group billing provider





Steps to Enroll as a Provider on MMIS Portal (3/3)

Read Group Provider Enrollment Instructions before continuing with the application

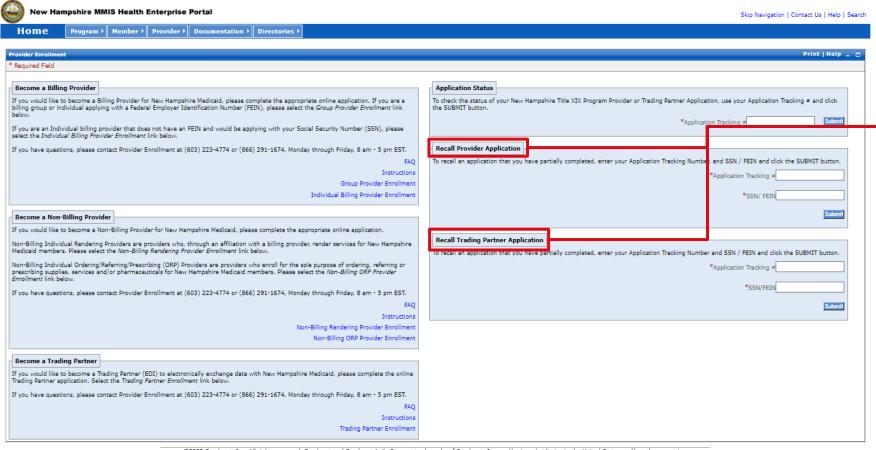






Resuming a Previously Started Application

From the Provider Enrollment home page, enter your application number and SSN/FEIN and resume your application: https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment



To resume an application (provider application or trading partner application), enter the application tracking number and SSN/FEIN used

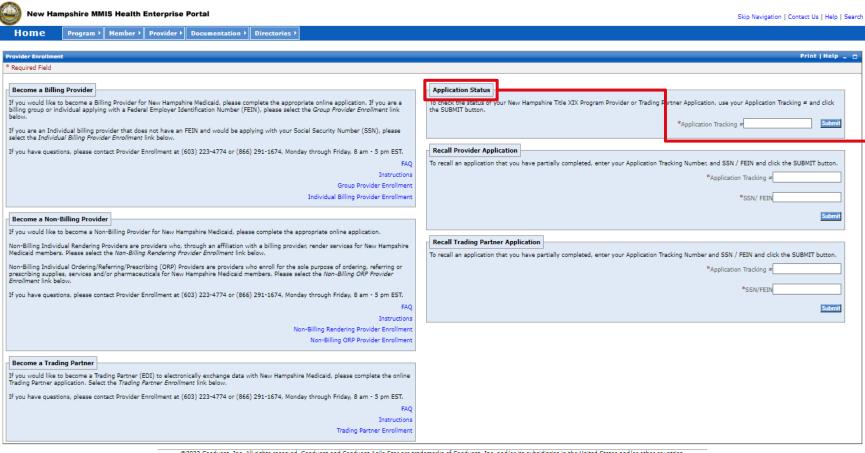
To edit or change any information on a <u>submitted</u> application, contact Conduent Provider Relations to make the change





Check Application Status

To check application status, visit the Provider Enrollment home page: https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment



To check application status and where it is in the review process, enter the application tracking number

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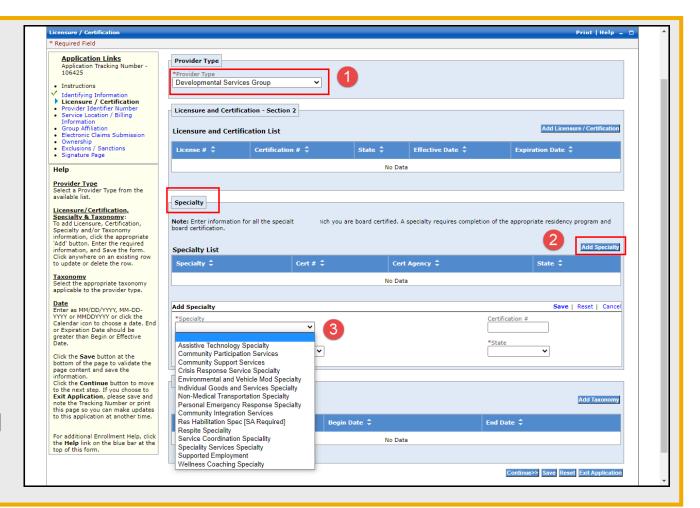
How to Select your Specialty

To support and expedite processing of your application, identify the service(s) you want to provide:

Follow these steps in the Licensure / Certification Page:

- Select "Developmental Services Group" from Provider Type dropdown list
- Click "Add Specialty"
- Select Specialty from the drop-down list (see detailed list on next slides)

Note: The application will accept more than one specialty. Select all specialties you would like to provide in New Hampshire as a Developmental Services provider



For previously submitted applications, the Provider Enrollment team will reach out to confirm specialty service(s) you provide



Identifying Specialty Services to Provide (1/2)

• To support and expedite processing of your application, please identify the service(s) you want to provide in the License/Specialty section of the application. Detailed information below:

Specialty Code	MMIS Provider Type	Specialty	Waiver	Service Description
501	236	Assistive Technology	DD, ABD, IHS	DD & ABD: Assistive Technology not covered by NH State Plan, PDMS IHS: Assistive Technology not covered by NH State Plan
502	236	Community Participation Services (CPS)	DD, ABD	DD & ABD: Various levels of community participation services, PDMS
503	236	Community Support Services (CSS)	DD, ABD	DD & ABD: Various levels of community support services, PDMS
504	236	Crisis Response Service	DD, ABD, IHS	DD & ABD: Various levels of response, incl. COVID-19 IHS: Crisis response – COVID-19
505	236	Environmental & Vehicle Modifications	DD, ABD, IHS	DD & ABD: Environmental modifications, including home, home smoke detector, home window, security system; vehicle modifications, PDMS IHS: Environmental modifications, including home, home smoke detector, home window, security system; vehicle modifications
506	236	Individual Goods & Services	DD, ABD, IHS	DD & ABD: Individual goods & services not covered by NH State Plan, PDMS IHS: Individual goods & services not covered by NH State Plan
507	236	Non-Medical Transportation	DD, ABD, IHS	DD & ABD: Non-medical transportation, including per trip or per mile, PDMS IHS: Non-medical transportation
508	236	Personal Emergency Response Services (PERS)	DD, ABD, IHS	DD & ABD: Personal emergency response system, including cell-phone based, PDMS IHS: Personal emergency response system, including cell-phone based



Identifying Specialty Services to Provide (2/2)

• To support and expedite processing of your application, please identify the service(s) you want to provide in the License/Specialty section of the application. Detailed information below:

Specialty Code	MMIS Provider Type	Specialty	Waiver	Service Description
509	236	Community Integration Services (CIS)	DD, ABD, IHS	DD & ABD: Community integration services – activity (including camperships), PDMS IHS: Community integration services (including camperships)
510	236	Residential Habilitation	DD, ABD, IHS	DD & ABD: Various levels of residential personal care, PDMS IHS: In-home residential habilitation
511	236	Respite	DD, ABD, IHS	DD & ABD: Respite care, Behavioral/medical care, PDMS IHS: Respite care
512	236	Service Coordination	DD, ABD, IHS	DD & ABD: Service coordination, advocacy, family support coordination, PDMS IHS: Service coordination
513	236	Specialty Services	DD, ABD, IHS	DD & ABD: Assessment/consultation, various levels of skills training & development, various levels of therapeutic behavioral services, START Center, START clinical, SIS, HRST, PDMS IHS: HRST, consultations, START clinical
514	236	Supported Employment	DD, ABD	DD & ABD: Various levels of supported employment, PDMS
515	236	Wellness Coaching Specialty	DD, ABD, IHS	DD & ABD: Exercise activities, PDMS IHS: Exercise activities



Trading Partners

- All entities who may be trading partners for Medicaid providers starting 7/1/23 are encouraged to submit an application to be a Trading Partner
- Trading partner application link can be found on the MMIS Provider Enrollment page: https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment
- A complete application will generate a trading partner ID#
- This number is unique to the trading partner entity and will be needed on any provider applications who engages in service with the trading partner
- In order to prevent billing slowdowns after 7/1/23, completing a trading partner application early in this process will be beneficial
- Providers should only have one trading partner



Steps to Enroll as a Trading Partner on MMIS Portal (1/3)

Visit: https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome



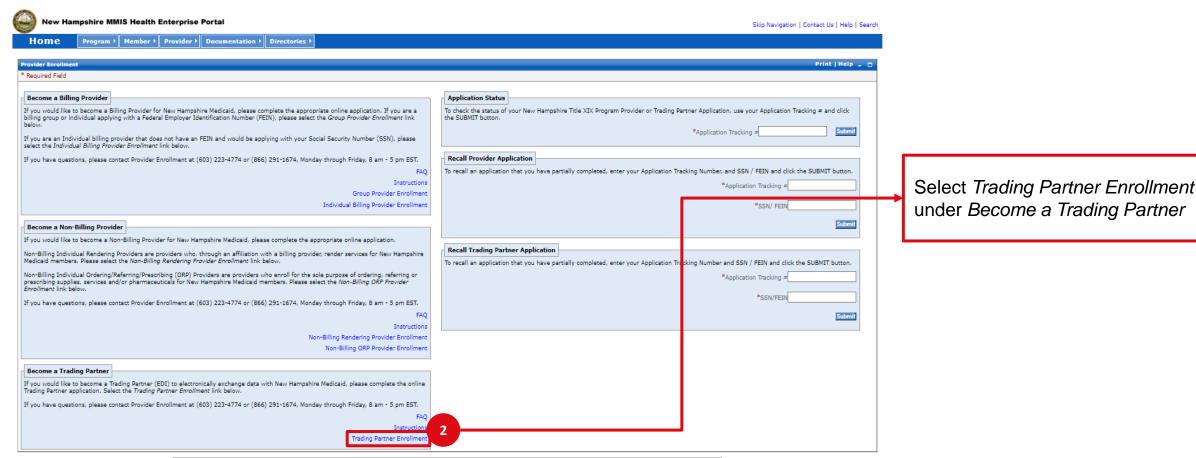


system may not be accessible.



Steps to Enroll as a Trading Partner on MMIS Portal (2/3)

If you selected *Enrollment* from the main page, you will be directed here. You can also access this page directly at https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment



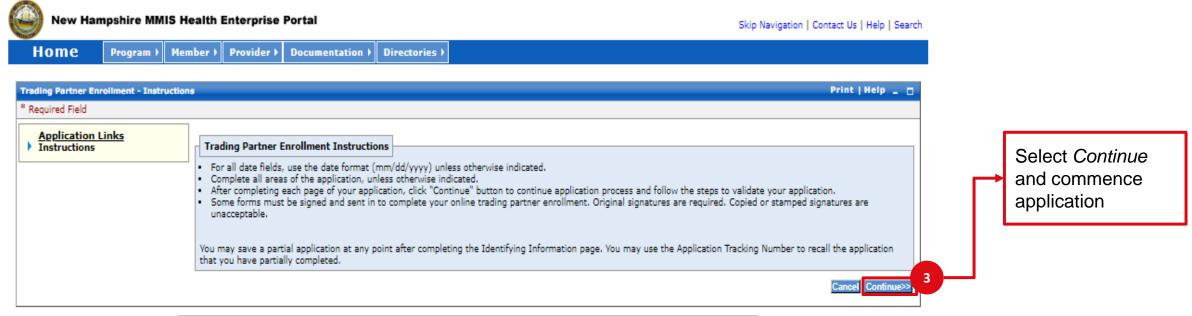
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Steps to Enroll as a Trading Partner on MMIS Portal (3/3)

Read Trading Partner Enrollment Instructions before continuing with the application



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General Application Tips & Reminders

- Please include your email address on the application to ensure we can easily reach you for questions or clarifications needed on your application
- Completed applications must list the Owner/Managing employee for the Provider
- Managing employee means a general manager, business manager, administrator, director, or other individual who
 exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation
 of an institution, organization, or agency.
- Providers must complete registration for web access, which allows the Provider access to check eligibility, submit claims, and receive remittance advice
- When submitting claims by NPI, include the Provider ID as well
- Providers should only have one trading partner, if they will not be direct billing themselves



Record Keeping & Revalidation

- The Provider must keep copies of the appropriate service provider qualifications per He-M 503 (copy of licensure or documentation of credentials on file) for non-enrolled staff to be screened monthly by the Provider on the LEIE/OIG exclusion site for any sanctions/exclusions.
- All Providers will be required to revalidate every 5 years by completing a new application and submit signature pages and the State will complete a full screening as part of the revalidation process.
- All enrolling providers will undergo a federally mandated comprehensive screening before
 their application is approved and the State will complete monthly screenings of the enrolled
 Provider. The Program Integrity team will reach out if there are any issues.



Payment & Claim Submissions

Electronic Payment

- In order to be paid electronically, complete the enrollment application section 4 for Electronic Funds Transfer (EFT) Application and submit the following:
- EFT Agreement Form
- <u>EFT Application Form</u>
- Bank Letter or copy of voided check

Note: Click on the form names to access them.

Here are links to related instructions:

- EFT enrollment instructions
- <u>ERA enrollment instructions</u>

Submit Claims for Payment (3 methods)

- MMIS Portal Submission
 - Electronic claims are submitted directly into MMIS and receive real time adjudication. A group training session may be offered by Conduent staff or templates can be set up for use.
- Vendor Software submit the following:
 - <u>Electronic Remittance Advice (ERA) Application</u> (required for 835 transactions)
 - Trading Partner Agreement signature page
- Trading Partner the billing agent needs to be enrolled, must have a trading partner ID and submit the following:
 - <u>Electronic Remittance Advice (ERA) Application</u> (required for 835 transactions)
 - Billing Agent agreement form
 - Trading Partner Agreement signature page



Federal Screening Requirements

- All providers are required to take the following steps to ensure Federal and State program integrity screening and complete the questions in section 7 Exclusion/Sanction. Any question answered with a Yes will require back up documentation:
- If the Provider will be using employees to provide the covered Medicaid service, all screenings will be responsibility of the Provider for licensure or certification and OIG screenings.
- If the Provider is contracting with an individual to provide the covered Medicaid services, all screenings will be responsibility of the Provider for licensure or certification and OIG screenings.
- If the Provider contracts with outside professional groups to perform the services, the group entity is responsible for completing the screenings required of the furnishing/rendering provider and informing the Provider of any changes. Provider are responsible to ensure the contracted group is performing the required screening.
- Providers are required to perform screenings upon hire or entering into a contract and every month there after until the Provider no long employs or contracts with the person.
- Providers are required to search the employee or contractor name on the HHS-OIG list of excluded Individuals and entities (LEIE) website monthly to validate their eligibility for Federal programs.



- If the Provider finds a sanctioned individual, then they need to discontinue using this provider for Medicaid services.
- Immediately report to <u>NH Medicaid Program Integrity</u> any exclusion information discovered. This information should be sent in writing and should include the individual or business name, provider identification number, and what, if any, action has been taken to date.
- Send information to: DHHS-Program Integrity, 129 Pleasant St. Thayer Building, Concord, NH 03301 or <u>programintegrity@dhhs.nh.gov</u>



- Keep information current in the MMIS, such as submitting change forms when Board of Directors (BOD), ownership, or managing employees, or changes occur in contact emails, phone numbers, billing contacts, or addresses
- Verify client eligibility for Medicaid and for waivers through MMIS portal or by contacting the call center
- Identify any missed 835 files within 2-3 business days
- Maintain staff files with current information and monthly LEIE screenings
- Maintain appropriate certifications and licenses

For any questions, please contact NH Medicaid Provider Relations

Call center: 1-866-291-1674 available Mon-Fri 8AM-5PM

Email: NHProviderRelations@conduent.com



Glossary of Common Terms & Abbreviations

- **LEIE**: List of Excluded Individuals or Entities. This is a searchable database housed on the website for the Officer of Inspector General.
- **MMIS**: <u>Medicaid Management Information Systems</u>. The system where providers go to enroll for direct billing.
- **NPI**: <u>National Provider Identifier</u>. NPI is a HIPAA-required, unique ten-digit identification number for all healthcare providers in the United States.
- **Provider**: Medicaid enrolled entity that will be submitting claims for covered Medicaid services.
- **Re-validation**: Process required by the federal government wherein every 5 years, providers have to complete a re-enrollment application.
- **Trading Partner**: A third party entity that enters into a business relationship with the Medicaid provider to complete transactions. Trading partners must be enrolled with MMIS and have completed authorizations from each provider entity to act of their behalf.

